

## FORM A

Contact Person:  
Phone:

[illegible]

### **Form A: Quarterly Vacancy Staffing Report**

Department: Self-explanatory.

Quarterly Update for \_\_\_\_\_: Identifies actions taken during the identified quarter-ending.

Contact Person/Phone: Self-explanatory.

Program ID: Program ID that the position is budgeted in. Positions transferred in/out to other programs should be noted here, and explained in comments.

Position Title as Budgeted: Self-explanatory. Note: authorized positions should be within the same classification series and of the same means of financing as budgeted.

Legal Authority: All positions must be “authorized budgeted positions.” Authorizations should be based on the legal authority of a specific statute, the general appropriations act, or other specific legislation in effect. Exempt positions must additionally cite the applicable subsection in Section 76-16, HRS.

Permanent/Temporary: Self-explanatory.

Civil Service or Exempt: Indicate if Civil Service or Exempt.

Budgeted Salary: Self-explanatory.

MOF: Position’s means of financing (must total 100% if multiple financing sources).

Date of Vacancy: Date position became vacant (applicable to positions previously established or filled).

Date Establish/Fill: Anticipated dates (month, day, year) of: 1) establishment and/or 2) filling. “Date to be established” applicable only to positions not yet established.

Comments: Self-explanatory. Explanation of differences from previous plans, budgeted positions, or other pertinent comments.

(Date)

TO: The Honorable Linda Lingle  
Governor of Hawaii

THRU: The Honorable Georgina K. Kawamura, Director  
Department of Budget and Finance

FROM:

SUBJECT: Request to Fill \_\_\_\_\_ (Position Title)

Approval is requested to fill the following position:

1. Position Title, SR:
2. Description of functions and responsibilities
  - Note if position is unique; i.e., only position in the organization that performs the particular function.
3. Program ID/title; Division/Branch/Section (as applicable); location:
4. Salary and means of financing (general, special, federal, etc.; for other than general fund, indicate specific fund source):
5. Date and Duration of vacancy:
  - If vacant more than 3 months, indicate how position's functions were performed and adverse impact, if any:
6. Nature of appointment:

- a. Projected appointment date:
  - b. Civil service/exempt:
  - c. Permanent/temporary (if temporary, indicate: 1) NTE date or duration position needs to be filled; and 2) whether a permanent position is being filled on a temporary basis):
  - d. Part or full-time (40 hrs. per week) (If part-time, indicate number of hours to work per week.):
  - e. Indicate if and for how long position has been filled on a temporary basis (i.e., 89-day appointment, temporary appointment, etc.):
7. Justification for filling the position:
- (Provide specific, complete justification, including alternatives investigated; specific adverse impacts of delay in hiring; specific adverse, irreparable impact to services to the public, etc.)
8. Impact of delay in filling:
- Discuss impact if filling is delayed for 3 months, for 6 months, for one year. Discuss impact to services to the public.
9. Status of request to fill: discuss actions taken to date to fill position, if any:
10. Attach current approved organization chart highlighting the position to be filled.
11. Department review of request:
- a. Reviewed and approved by division or attached agency administrator:

_____	_____	_____
Name	Telephone	Date

\_\_\_\_\_  
Signature

- b. Reviewed and approved by department administrative services officer:

_____	_____	_____
Name	Telephone	Date

\_\_\_\_\_  
Signature

c. Reviewed and approved by department head:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Date

RECOMMEND:

☐ APPROVAL

☐ DISAPPROVAL

☐ DEFER

\_\_\_\_\_  
DIRECTOR OF FINANCE

\_\_\_\_\_  
DATE

☐ APPROVED

☐ DISAPPROVED

☐ DEFER

\_\_\_\_\_  
LINDA LINGLE  
Governor, State of Hawaii

\_\_\_\_\_  
DATE

[illegible]



**INFORMATION ON  
CIP INITIATED BY THE LEGISLATURE**

1. **Project Title:**
2. **Act No. & Item No. (list all applicable appropriations):**
3. **Description & Scope Of Project:**
4. **Appropriation**

<b>Plans:</b>
<b>Land:</b>
<b>Design:</b>
<b>Construction:</b>
<b>Equipment:</b>
<b>Total:</b>
<b>MOF:</b>
5. **Estimated Total Project Cost:**
6. **Source and status of other funding required for Project (if total project cost differs from Appropriation):**
7. **Facilities/ Projects/Services to be provided/supported by this project:**
8. **Target Group(s) to be served or benefit from this project:**
9. **Description of the public purpose served by the project and/or service:**
10. **Explain need to be funded in FY04:**

**FORM PAB**Department of Budget  
and Finance (rev. 7/94)**Questionnaire - General Obligation Bond Fund Appropriations**

<b>PART 1</b>	Department and Project		
1 Department			
2 Project Name		3 Project CIP no.	
4 Session Law (act no. and year)	5 Program area function	6 Item No.	
7 Project description			

<b>PART 2</b>	Project cost and funding sources		
8 Does this request for funding require general obligation bond fund appropriations? If "no" box is checked, no further information other than signature and date is required.			<input type="checkbox"/> Yes <input type="checkbox"/> No
9 Has any appropriations been made for any portion of Project prior to this request?			<input type="checkbox"/> Yes <input type="checkbox"/> No
10 Funding sources for costs of Project made by this request			
a Direct Federal payment for construction and related capital costs			
b General obligation bond fund appropriations			
c General fund appropriations			
d Other State of Hawaii and county funds			
e Section 501(c)(3) funds			
f Private funds			
g Total capital costs made by this request			

<b>PART 3</b>	Use of general obligation bond fund appropriations and use of Project		
11 Total amount made by this request for each purpose to which general obligation bond fund appropriations will be applied			
a Total construction and related capital costs			
b Total nonconstruction and noncapital State of Hawaii costs			
c Total grants to counties			
d Total grants to Section 501(c)(3) corporations			
e Total grants to private persons and organizations and Federal government			
f Total loans to counties			
g Total loans to Section 501(c)(3) corporations			
h Total loans to private persons and organizations and Federal government			
i Total use of general obligation bond fund appropriations			
12 Total square footage and percentage of use of Project for each purpose to which general obligation bond fund appropriations will be applied		Square Footage	Percentage of Total
a Total common area			
b Total area used by State of Hawaii and counties			
c Total area used by Section 501(c)(3) corporations			
d Total area used by private persons and organizations and Federal government in trade or business			
e Total area			

<b>PART 4</b>	Payment of operating and debt service costs, and management, of Project		
13 Will any lease or contract with a concessionaire or vendor be entered into in respect of any portion of the Project? If yes, attach schedule and copy of each contract.			<input type="checkbox"/> Yes <input type="checkbox"/> No
14 Will any lease, incentive payment contract or management contract be entered into in respect of any portion of the Project? If yes, attach schedule and copy of each contract.			<input type="checkbox"/> Yes <input type="checkbox"/> No
15 Will any payment be made (directly or indirectly) by the Federal government or any private person or organization pursuant to contract or other arrangement in respect to any portion of the Project? If yes, attach schedule and copy of each contract.			<input type="checkbox"/> Yes <input type="checkbox"/> No

Name of signer	Signature	Date	Telephone Number
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## Instruction for Form PAB

**Who must file this Form PAB.** Anyone requesting any appropriation of general obligation bond fund must file this Form PAB.

**Where to file.** This Form PAB must be filed with the Budget Program Planning and Management Division of the Department of Budget and Finance.

**Purpose.** The purpose of this Form PAB is to elicit information that will enable the State of Hawaii to allocate general obligation bond fund appropriations in a manner that will comply with applicable requirements of Federal income tax law and regulations.

**Line 1.** Enter the name of the Department making the request for general obligation bond fund appropriations.

**Line 2.** Enter the name of the project for which general obligation bond fund appropriations are being requested.

**Line 3.** Enter the CIP number for the project.

**Line 4.** Enter the act no. and year of Session Law Act under which appropriations have been made or are to be made for the project.

**Line 5.** Enter the program area function (e.g., economic development).

**Line 6.** Enter the item number of the project.

**Line 7.** Enter the description of the project (e.g., Waianae Rental Housing).

**Line 8.** Check the 'yes' box if any portion of the project is to be funded with general obligation bond fund appropriations. Otherwise, check the 'no' box, if the 'no' box is checked, no other information on Form PAB, other than the signature line, is required. Please sign, date and return this Form PAB.

**Line 9.** Check the 'yes' box if any appropriation has been made for any portion of the project prior to this request, and attach the prior Form PAB or schedule containing all relevant details including the date, amount, and Session Law act and year.

**Line 10.** With respect to the appropriations (regardless of the source of such appropriations) made by this request for funding of any portion of the project:

**a.** Enter the amount made or expected to be made by the Federal government including reimbursements, for construction and related construction and acquisition costs in respect of the project.

**b.** Enter the amount funded or expected to be funded from general obligation bond fund appropriations.

**c.** Enter the amount funded or expected to be funded from general fund appropriations.

**d.** Enter the amount funded or expected to be funded by other State of Hawaii funds or county funds.

**e.** Enter the amount funded or expected to be funded by payments from corporations which are classified as section 501(CX3) corporations under the Internal Revenue Code.

**f.** Enter the amount funded or expected to be funded by private persons and organizations.

**g.** Enter the total of the amounts in a, b, c, d, e, and f of Line 10.

Attach a schedule containing all details, including amounts and name and address of each person contributing to the funding of the project. Funding as used in this Line 10 means funding for capital and related acquisition items, including land, but does not include funding of operational and maintenance expenses or debt service payments after the in-service date of the project.

**Line 11.** With respect to the general obligation bond fund appropriations made by this request for funding of any portion of the project:

**a.** Enter the total amount made or expected to be made for construction and related construction and acquisition costs of the project.

**b.** Enter the total amount made or expected to be made to pay other State of Hawaii costs (e.g., a judgement claim, a contract settlement payment).

**c.** Enter the total amount of grants made or expected to be made to counties in the State of Hawaii.

**d.** Enter the total amount of grants made or expected to be made to section 501(cX3) corporations.

**e.** Enter the total amount of grants made or expected to be made to private persons and organizations and the federal government

**f.** Enter the total amount of loans made or expected to be made to counties in the State of Hawaii.

**g.** Enter the total amount of loans made or expected to be made to section 501(cX3) corporations.

**h.** Enter the total amount of loans made or expected to be made to private persons and organizations and the federal government.

**i.** Enter the total of the amounts in a, b, c, d, e, f, g and h of Line 11.

Attach a schedule containing all details, including amounts and name and address of recipients of bond fund appropriations.

**Line 12.** Enter, to the extent applicable (e.g., an office building), the total square footage and percentage of total square footage of the project used by various persons or organizations. All use, including indirect and incidental use, is to be included.

**a.** The total common area (e.g., hallways, parking structure) used by all persons and organizations.

**b.** The total area (excluding the common area) used exclusively by the State of Hawaii and counties in Hawaii.

**c.** The total area (excluding the common area) used exclusively by section 501(cX3) corporations.

**d.** The total area (excluding the common area) used exclusively by private persons and organizations (including concessionaires and vendors) and the Federal government in their trade or business.

**e.** Enter the total of the amounts in a, b, c and d of Line 12.

Attach a schedule containing all details, including a breakdown by area used, and name and address of each user.

**Line 13.** Check the 'yes' box if any lease or contract with a concessionaire or vendor is expected to be entered into in respect of any portion of the project (e.g., vending machines, newsstand, store, pharmacy, pay telephones, onsite laundry services, cafeteria or other food services). Attach a separate schedule containing all relevant details, including the date, the name and address of each concessionaire or vendor, the terms and provisions of the lease or contract, and a copy of the contract

**Line 14.** Check the 'yes' box if any lease, incentive payment contract or management contract is to be entered into in respect of any portion of the project. Attach a separate schedule containing all relevant details, including the date, the name and address of each party to such lease or contract, the terms and provisions of the lease or contract, and a copy of the lease or contract.

**Line 15.** Check the 'yes' box if any payment is expected to be made (directly or indirectly) by any private person or entity or the Federal government pursuant to contract or other arrangement in respect of any portion of the project. Attach a separate schedule containing all relevant details, including the date, the name and address of each party to such contract or arrangement, the terms and provisions of the contract or arrangement, and a copy of the contract or a description of the arrangement.